APPENDIX 6

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD LOS ANGELES REGION

EXAMPLE OF NOTICE OF TERMINATION TO COMPLY WITH THE TERMS OF REGIONAL BOARD ORDER R4-2004-XXXX CONDITIONAL WAIVER OF WASTE DISCHARGE REQUIREMENTS FOR DISCHARGES FROM IRRIGATED LANDS

This document is to be used for Discharger Groups or Individual Dischargers that have been issued a Notice of Applicability (NOA) by the Executive Officer. Submission of the Notice of Termination constitutes official notification to the Regional Board that the Coalition Group or Individual Discharger identified below elects not to be covered under Resolution No. R4-2004-XXX, Conditional Waiver of Waste Discharge Requirements for Discharges from Irrigated Lands.

1.

If filing for a Discharger Group check box and complete 1,3,4,5,and 6

2.

If filing for an Individual check box and complete 2,3,4,5,and 6.

Discharger Group										
Discharger Group Representative										
Mailing Address:										
9										
City:	County:		Zip:	I Phone:						
City.	County.		Ziρ.	Filone.						
*The Discharger Group representative's	information shall be include	led in the abo	ve information box.	A Membership Document shall						
be included with the NOT. This member	rship document shall provid	de information	for each individual	Discharger, as listed below.						
whose participation is being terminated.										
Township and Range and closest down			, -	, , , , , , , , , , , , , , , , , , , ,						
Township and Hange and elected down	on our currace waterbody.									
2. Individual Discharger Information										
a.r.aaa. z.co.ra.go. mormation										
Discharger Name:										
Facility Name										
Physical Address:										
City:	County:		Zip:	Phone:						
,	•		'							
Mailing Address										
Mailing Address										
03.	L 01-1-		7:							
City	State		Zip							
Assessor's Parcel Number:	Closest Surface Water and Distance:									
Township and Range:				-						
. •										
Contact Person:										

3. Billing Address (if different from above)

Mark only One Item:

1. Discharger Group Information*

Name:							
Street Address:							
City:	Count	y:	Zip:	Phone:			
Contact Person:			<u> </u>	<u> </u>			
4. Site Information	**						
Street Address:							
City:	Count	County:		Total size of site (acres):			
Latitude/longitude:							
Deg	Min	Sec. W.	Deg	Min	Sec. W.		
	ap (including property ctions, lot and tract be	y boundary and discharge oundaries, etc.	area) and vicinity ma	ap (showing location i	in relationship to		
5. Facility Informat	tion						
Type and Volume of Crops P							
Acreage of Irrigated Lands							
6. Reason for Terr	mination						
0.1104301110111011	Tilliation						
I. Certification							
ertify under penalty o	of law that (1) I a	m not required to be	e covered under	the Conditional \	Waiver of Waste		
charge requirements							
chments were prepar qualified personnel p							
son or persons who n	nanage the syste	m, or those persons	directly respons	ible for gathering	the information,		
information submitted there are signification							
risonment." I also ui lity for any violations	nderstand that s	ubmittal of this Notice					
ted Name:			Title	o:			
				e:			
ature:			Dai	.u <u>.</u>			